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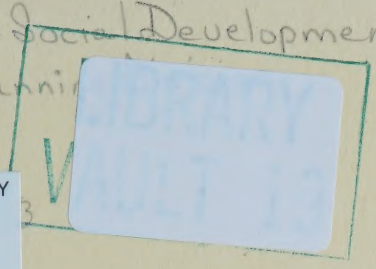

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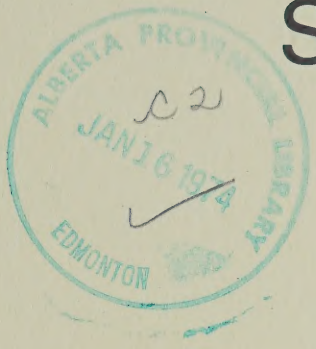

Alberta

HEALTH AND
SOCIAL DEVELOPMENT
Research and Planning Division

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JANUARY - MARCH, 1973

NOTES:

Data used in the construction of all figures contained within the Quarterly Statistical Review are available on request from Research and Planning.

The article Poison Control Service which appeared in the previous issue of the review was written by Dr. C. Dafoe, Director of Poison Control Services.

VENEREAL DISEASE IN ALBERTA

J. D. Hanna, B. Juchli, C. Collis*

Since its establishment in 1920, the program of the Division of Social Hygiene has undergone little change. The program provides free clinics for the diagnosis and treatment of venereal disease, health education, examination of people admitted to jails, free consultation services for physicians throughout the province with regard to treatment problems, free drugs to physicians for venereally infected patients, and the development of epidemiological techniques. Changes include new legislation (1965) which provides reimbursement to physicians for their services, and a mobile clinic which operates throughout the province. Venereal diseases are communicable diseases transmited by sexual contact. This article will examine the two major types of venereal diseases, gonorrhea and syphilis, although others exist. For the benefit of readers, a description of each disease follows.[1]

GONORRHEA

The causative organism of gonorrhea is commonly known as the gonococcus. The gonococcus can penetrate only those surfaces lined with specialized cells, such as those in the urethra, cervix, ducts of the Bartholin glands, and rectum. Similar cells are found in the vaginal lining prior to puberty, in the mouth and throat, and on the underside of eyelids. Once the gonococcus has invaded the membrane, the incubation period of the organism begins (time between contact with the disease and appearance of the first symptoms). Although variable in length, this time period is usually between 3 and 9 days.

For males, the first manifestation of gonorrhea is an inflamation of the urethral canal, producing a burning sensation during urination. In addition, there is a pus-like discharge from the penis, and the urethral orifice is usually inflamed and puffy. The infection may spread through the urethra and infect the prostate gland and seminal vesicles, precipitating urinary retention, fever, and more pain. Progression of the infection into the seminal ducts leads to inflammation of the sperm reservoir. The testicles may become swollen, painful, and tender. If the infection enters the bloodstream, additional symptoms may develop, including fever, chills, aches, pains, and very infrequently, skin rash.

Gonorrhea in the female is a pathological enigma as clinical evidence of the disease is almost always absent in the acute phase. However, if symptoms do appear, they also will start at the urethra. The Bartholin's glands and Skene's glands are afflicted — sometimes to the point of abscess formation. Vaginal discharge follows the gonococcal invasion of the cervix. The infection may then spread to the fallopian tubes. Untreated, the tubes may enlarge and fill with pus — eventually involving the entire pelvic area.

Complications in both sexes are 'local', 'systemic', or both. Local complications for the male comprise scarring and possible strictures in the urethra, both potentially leading to sterility. For females, local complications include obstruction of the fallopian tubes and possible sterility. Systemic complication for both sexes encompass damage to the joints (producing arthritis), to the heart valves and, by self-contamination, to the eyes.

Treatment is easy and effective with either penicillin or one of the 'mycin' drugs. Continued testing for both gonorrhea and syphilis in the ensuing three months insures a complete cure. The current Alberta failure rate of these drugs is approximately 2%: resistant strains of gonorrhea are not prevalent in the province as yet.

SYPHILIS

The syphilis germ, a spirochete, can penetrate either intact mucous membranes or abraded skin, and is conveyed throughout the body by the bloodstream. Acquired syphilis develops through various stages: primary, secondary, latent (early and late), and tertiary.

Although the spirochete is bloodborne within 24 hours of exposure, symptoms do not appear for a few weeks. The primary phase begins with the appearance of a chancre (at the site where the organism entered the body) usually accompanied by bi-lateral buboes (swollen regional lymph nodes) and occasionally by slight fever and headache. With or without treatment, the primary lesion(s) will heal. The individual may pass through this primary stage without knowing it, as often is the case when the chancre is trivial or hidden.

Approximately six to eight weeks after the appearance of the chancre, secondary manifestations may become apparent. This stage is characterized by skin eruptions (which may be generalized or on small areas only) and mucous patches. The rash is highly varied; it may stimulate any skin lesion (for example, measles), and is usually not itchy. Mucous

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* J. D. Hanna, R.N., is the supervisor of the Division of Social Hygiene; B. Juchli and C. Collis are research assistants for the Division of Research and Planning.

1 References used for the discussion of gonorrhea and syphilis:
Steward M. Brooks, **The V.D. Story**, London: A. S. Barnes and Company, 1971.
Philip S. Silver, **Venereal Disease**, Edinburgh and London: E. and S. Livingston Ltd., 1966.
Stephen J. Bender, **Venereal Disease**, Iowa: Wm. C. Brown Company, Publishers, 1971.

patches, the most contagious lesions, are circular, multiple areas of erosion on the mucous membranes of the mouth, throat, genitalia and rectum. Other secondary features possibly present include generalized lymphadenitis, loss of patches of hair, inflammation of the iris, and limited involvement of the brain and spinal cord. Constitutional symptoms (such as low fever and general aches and pains) are mild and usually overlooked. Without treatment the secondary manifestations are self-limiting, but may recur any time up to two years after the disease has been acquired.

After this two year period, the individual, now in the latent stage, lives clinically free of symptoms (though not cured of syphilis). This latent period can last from one year to a life time, depending on individual resistance.

In the absence of treatment, one-quarter of the persons entering the tertiary stage can be expected to die, primarily as a result of syphilis. Tertiary lesions are chronic, destructive, and non-infectious. They can involve any organ or tissue of the body.

Congenital syphilis refers to a fetus acquiring syphilis as a consequence of spirochete migration across the placental barrier. In early syphilis, pregnancy usually results in a miscarriage, stillbirth, or diseased baby. The likelihood of fetal infection decreases with the duration of the mother's infection. Congenitally infected babies may appear puny and shrivelled with skin eruptions, cracked lips, an enlarged spleen, and a peculiar cry. Any untreated child may develop juvenile lesions. The classic feature of these cases is known as "Hutchinson's triad" — inflammation of the cornea of the eye (often resulting in blindness), damage to the auditory nerve (leading to deafness), and notching of the upper central incisors. Possible skeletal changes and/or involvement of the central nervous system could result in juvenile paresis (insanity and paralysis).

Treatment for syphilis is more extensive in time and dosage than that for gonorrhea, but early diagnosis followed by adequate treatment ensures that there will be no progression to the late and often very disabling phases of the disease. Again, penicillin or a 'mycin' drug is used. Alberta has a 3 to 5 year observation period for each patient.

Gonorrhea and syphilis are not mutually exclusive diseases; approximately 3% of the people infected with gonorrhea also have syphilis.

Analysis of Venereal Disease Rates for Alberta, 1953 - 1972*

Figures 1 and 2 illustrate the incidence of gonorrhea and syphilis in Alberta between the years of 1953 and 1972. As is apparent from Figure 1, the reported incidence of gonorrhea has increased dramatically over the last ten years, for both males and females. But much of this apparent increase, is probably the result of improved reporting, especially by private physicians. Earlier figures were recognized as seriously under-reported, and even current figures are unreliable. In all likelihood, the recent increases are somewhat exaggerated. Male incidence of gonorrhea tends to be approximately twice as high as female incidence. The exact differential between male and female trends is unknown, as female incidence may be either more or less completely reported than male incidence. Females may more often avail themselves of periodic medical examinations; on the other hand, symptoms of the early stages of gonorrhea in the female are often not apparent. (Asymptomatic males are now belived more numerous than was previously estimated.)

Figure 2 presents the incidence of syphilis (all forms) in Alberta from 1953 to 1972. In contrast to the gonorrhea figures, the graph shows a gradual downward trend (although fluctuating widely for periods of three to four years). Also in contrast to gonorrhea figures, syphilis cases are well reported and the data therefore believed reliable. Of the two venereal diseases, reported gonorrhea is forty times more common than syphilis. (Were actual gonorrhea figures available, the difference would be even greater.) As with gonorrhea, male incidence of syphilis is higher than female incidence.

Data on the incidence of any disease are somewhat misleading, as the number of persons "at risk" is not considered. In other words, the increase in the number of persons with a given disease may result solely from an increase in population. Accordingly, the remainder of this article will discuss gonorrhea and syphilis **rates**, that is, the number of reported cases per 100,000 persons.

Figure 3 illustrates trends in gonorrhea and syphilis rates by broad age groups and sex, from 1958 to 1969. Rates for the 0-14 age group have always remained low in comparison with the older age groups. (For example, the highest gonorrhea rate recorded for this group is 7.65, for syphilis, 1.43; while for the 15-19 age group, the highest rates are 836.84 and 32.79, respectively.) In addition to the difference in magnitude, the 0-14 rates may include a higher proportion of congenital syphilis than do those for the older age groups.

For males, the age group 15-19 has consistently exhibited lower gonorrhea and syphilis rates than the over-20 age category. In fact, the gonorrhea rate for males 15-19 has decreased in importance relative to the 20+ age group. Thus, males over the age of 20 are largely responsible for the rising incidence of gonorrhea, not teenage males. In contrast to the males, teenage girls (15-19) have consistently shown much higher gonorrhea and syphilis rates than their elder counterparts (20+), with the last few years showing an increase in the differential between these two groups.

In comparing male and female gonorrhea and syphilis rates across the three age groups, female rates are much higher than male rates for the 0-14 age group, an equalizing trend is evident in the 15-19 age group, and male rates dominate within the 20+ age group. This corresponds to the tendency for fe-

* Data used for the construction of graphs appearing in this article are available from Research and Planning.

FIGURE 1*

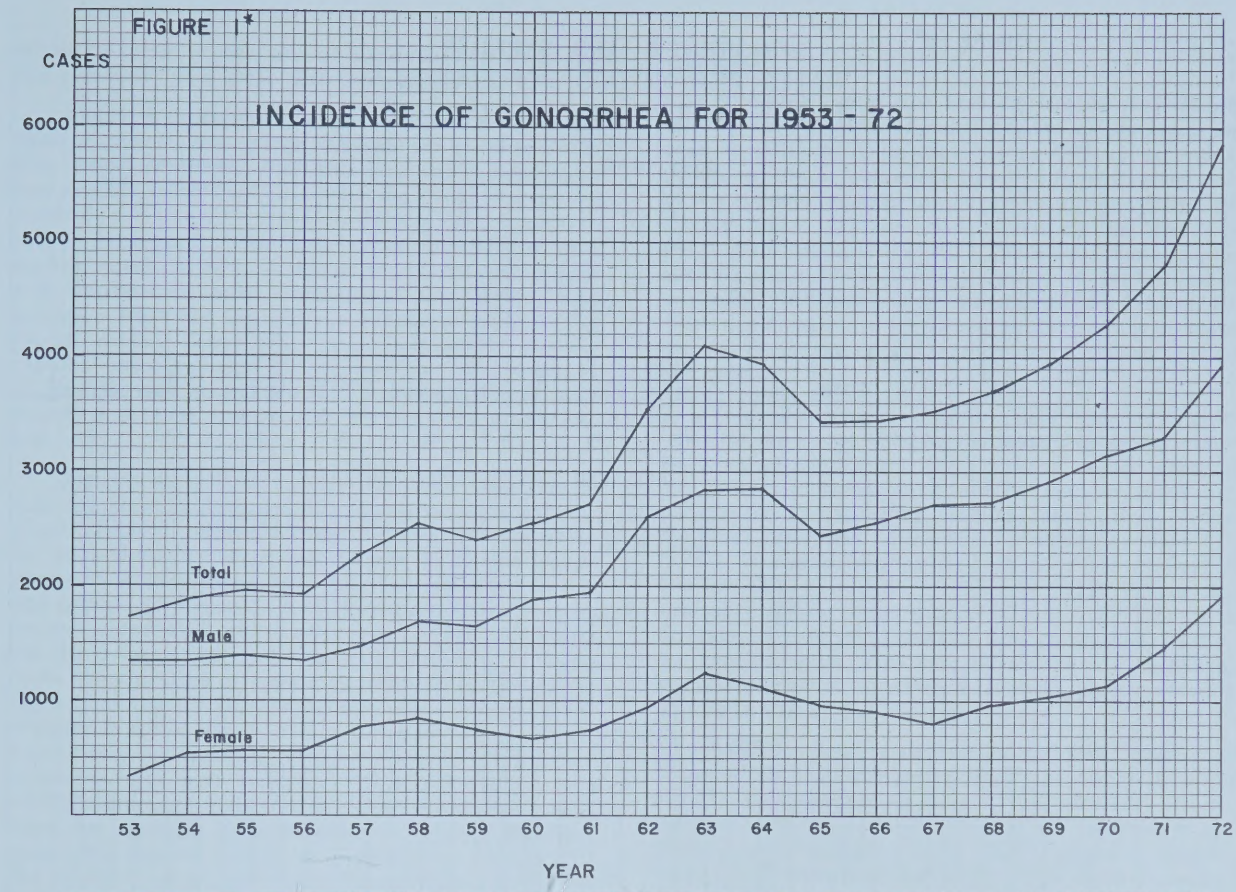
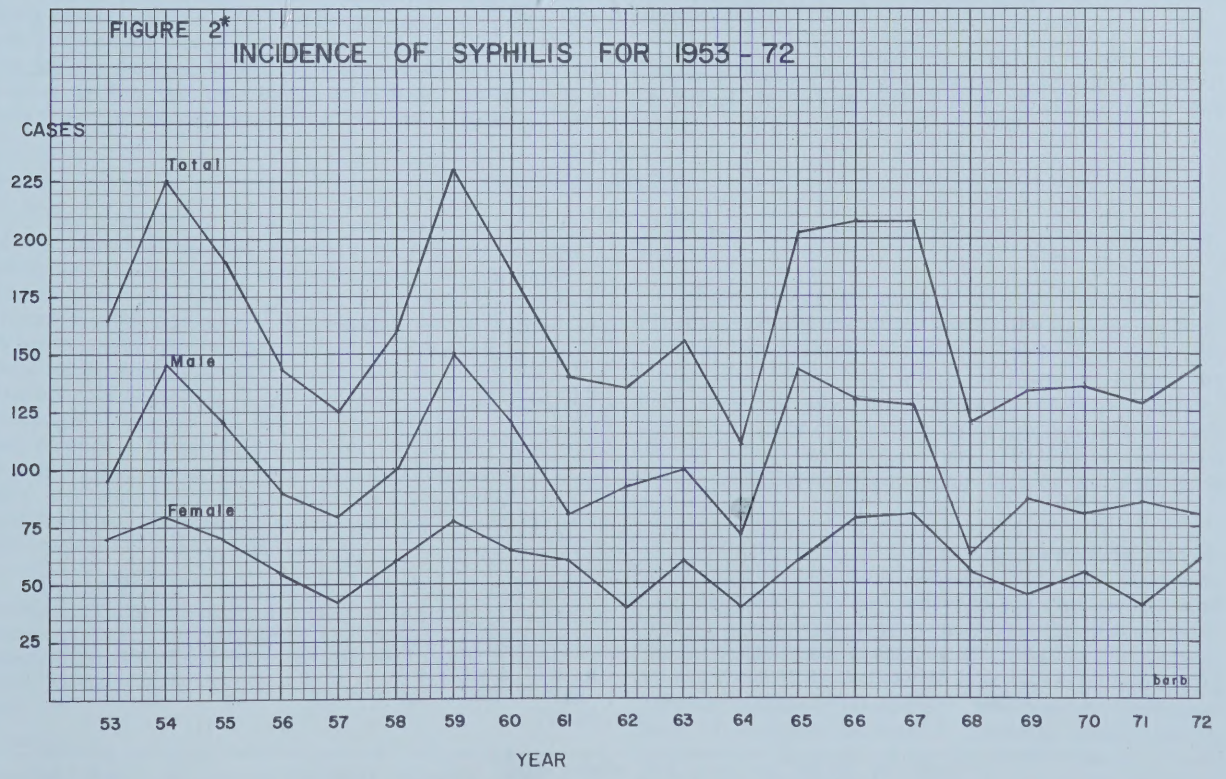


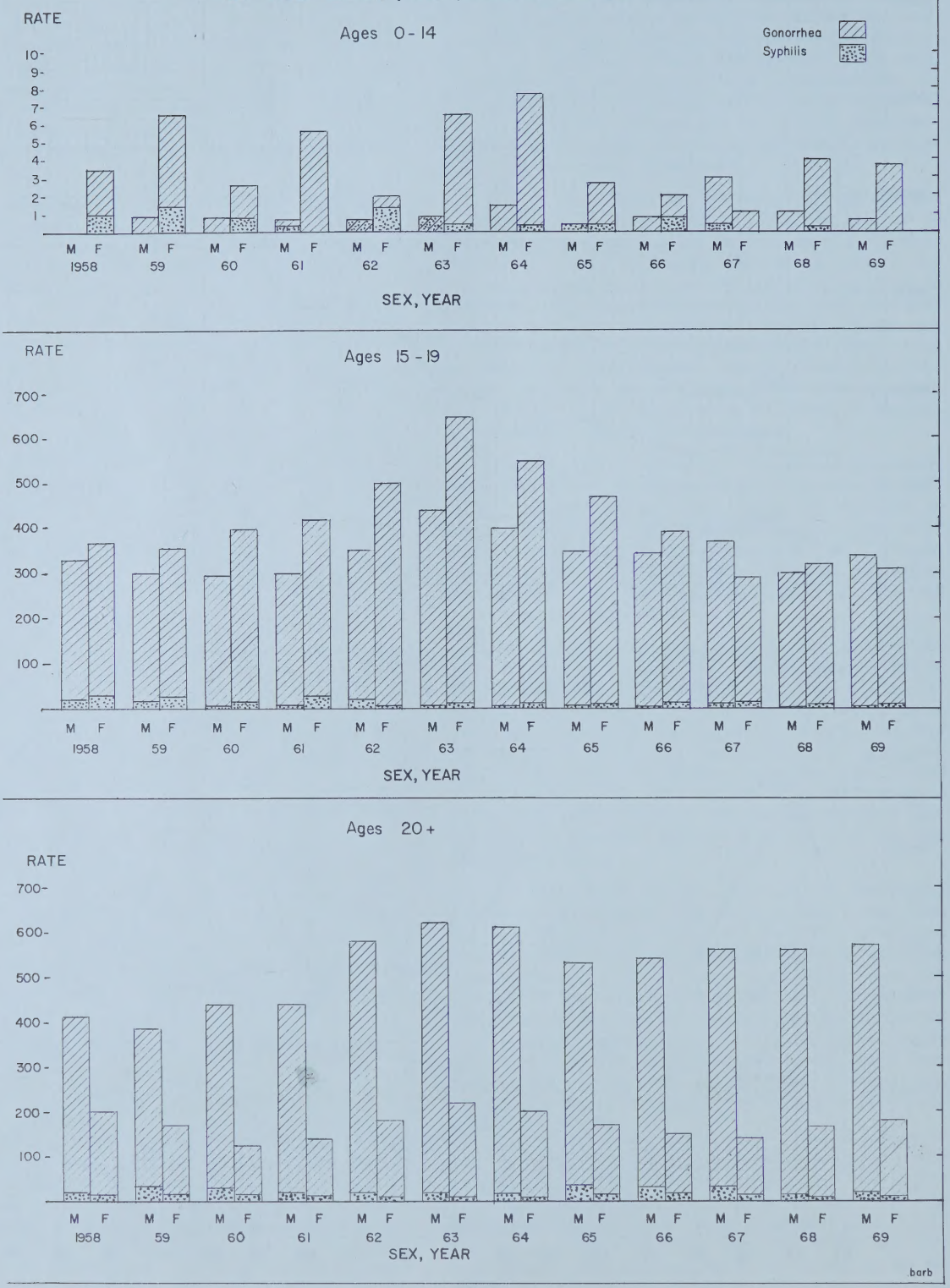
FIGURE 2*



* Please note that the case scales for the two graphs are different.

FIGURE 3*

GONORRHEA AND SYPHILIS RATES PER 100,000 POPULATION BY AGE GROUP, SEX, AND DISEASE



* Please note that the rate scales differ between graphs.
Total venereal disease rates are not relevant as gonorrhea and syphilis are not mutually exclusive diseases.

males to have earlier sexual experience than males (for example, girls often date older boys).

Figure 4 presents a finer breakdown of venereal disease rates by age groups and sex for 1970 to 1972. This series of graphs indicates that male gonorrhea and syphilis rates dominate from the 20-24 age group onward, the sex differential widening with each age group examined. For both sexes, gonorrhea and syphilis rates are highest within the 20-24 age group, with decreasing rates throughout the older age groups. The 0-14 age group regularly exhibits the lowest rates. Gonorrhea rates consistently exceed syphilis rates, barring one exception — the category of females 60^{+} years, for 1970 and 1971 (the vast majority of these cases would be latent or late syphilis).

Figures 4a and 4b present the data from Figure 4 in the form of line graphs, more readily enabling examination of recent changes in the age-sex rates for gonorrhea and syphilis. Figure 4a shows recent increases in gonorrhea have been greatest within the age groups 15-19 and 20-24; increases in the youngest and oldest age groups have been slight. Comparing the general shape of the male and female lines, male rates present a rather symmetrical curve peaking within the 20-24 age group, while female rates produce a curve which, while still peaking at 20-24, is positively skewed (i.e., concentration of female cases in the younger age groups). This corresponds to earlier statements concerning higher venereal disease rates for teenage girls than boys. Figure 4b illustrates the age-sex rates for syphilis for 1970-1972. The syphilis curves are much flatter than the gonorrhea curves, as the incidence is more evenly distributed throughout the age groups. As was noted for the graph showing gonorrhea rates, female rates are higher within the younger age groups, while male rates form a relatively symmetrical curve, peaking at age 20-24.

Although data are meagre, Table 1 indicates that up to one-third of the incidence of venereal disease in Alberta is attributable to the native Indian group, which in turn comprises less than five per cent of the Alberta population. Syphilis cases appear relatively more common among the native youth 18 years and younger (in 1971, 83.3% of the reported syphilis cases for this age group were native Indian or Metis). Although data are admittedly incomplete, there does appear to be considerable urgency concerning the incidence of venereal disease among the native groups.

Table 2 compares Alberta gonorrhea and syphilis rates for the years 1950 to 1971, with those for selected other provinces and for Canada. When comparing provincial rates, it should be kept in mind that differences in reporting methods can greatly affect the rates produced. Alberta's current gonorrhea rate (294.1) is approximately as high as those of Saskatchewan (301.4) and British Columbia (320.9), but considerably higher than that of Ontario (112.6) or of Canada as a whole (158.7). The Northwest Territories' rate is higher than ever before 5011.1), although improvements in reporting are undoubtedly responsible for much of the increase.

Alberta's current syphilis rate (7.8) is lower than those of the other provinces, or of Canada as a whole (11.5). Ontario also exhibits a low rate (9.9) in comparison with the other provinces; the Northwest Territories has the highest rate (36.1). Overall, syphilis rates for Canada and these provinces show a gradual downward trend.

In comparison with the rest of Canada, Alberta has a favorably low syphilis rate, but must continue its efforts to reduce the apparently rising gonorrhea rate.

SUMMARY

The availability of a relatively accurate picture of the venereal disease situation in Alberta can be attributed to increasing communication and co-operation between the public, private physicians, and provincial health agencies. A constant effort is made to bring under medical care all persons named as contacts to venereal disease. Early case findings, rapid tracing and handling of sources and contacts, and a thorough follow-up are the keys to controlling venereal disease. Increasing numbers of persons report to the clinics, either on referral from private physicians, or voluntarily for routine examinations. The mobile clinic has proven invaluable as a means of canvassing the entire province.

Gonorrhea remains a difficult disease to regulate because of asymptomatic females and males who remain reservoirs of infections, and resistant strains of gonococcus which do not respond normally to penicillin (these strains are not prevalent in Alberta as yet).

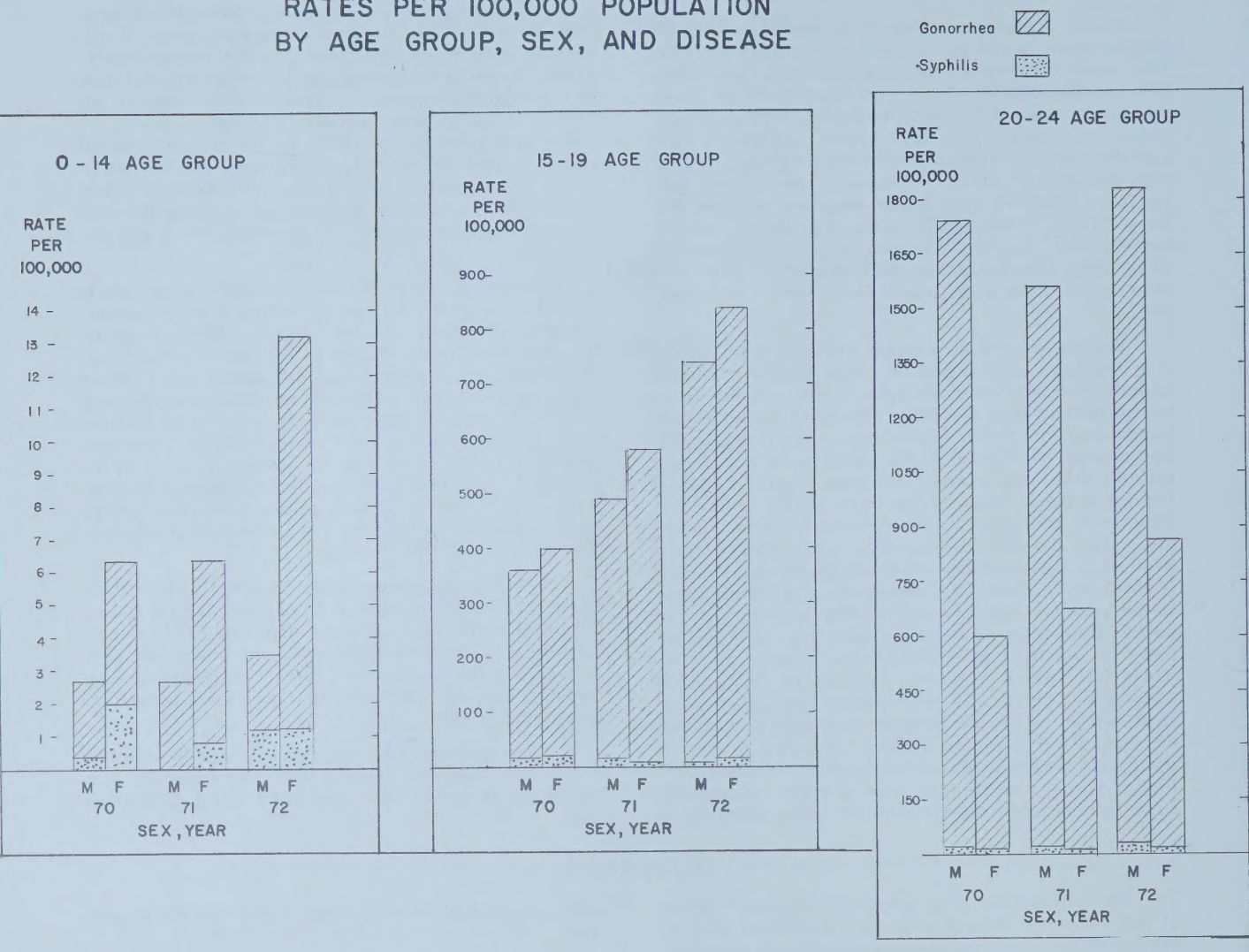
Routine serological blood testing for syphilis (premarital, pre-natal, pre-employment, hospital admission, etc.) has kept rates at a minimum. Unfortunately, no routine reliable blood test exists for gonorrhea.

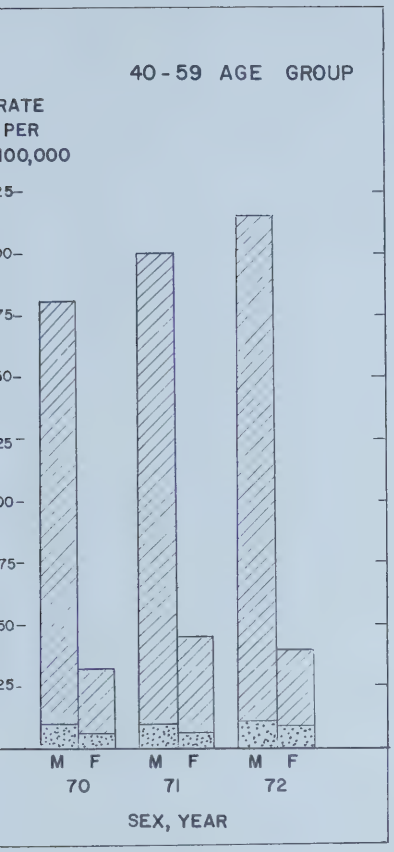
Rising incidence patterns of gonorrhea and syphilis are partially accounted for by the expanding population, the development of new centres in relatively inaccessible areas, the influx of transient labor, the high incidence of disease among native populations (responsible for the frequency of semi-epidemic conditions which exist from time to time in isolated areas), and improved reporting, as well as actual case growth.

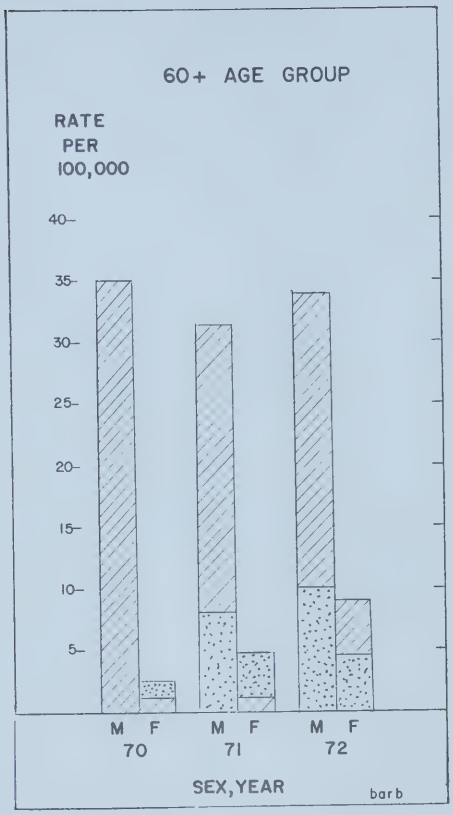
Encouraged by the success in combating this elusive disease, the main purpose at present is to provide education, where possible, to the public and medical areas; to provide readily available diagnostic facilities; to detect as early as possible the changing patterns of venereal disease, and to constantly monitor treatment schedules. Research on many aspects of venereal disease is currently under way in Canada and other areas of the world, with emphasis on the development of a vaccine, and a test to detect asymptomatic gonorrhea.

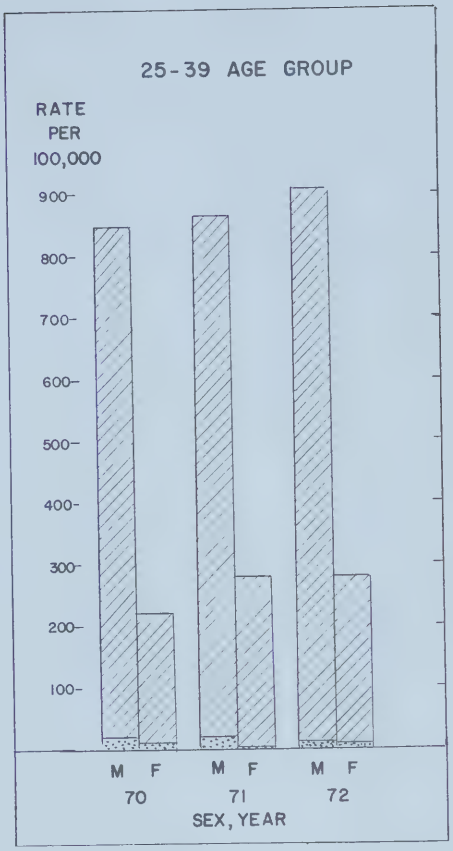
FIGURE 4*

GONORRHEA AND SYPHILIS RATES PER 100,000 POPULATION BY AGE GROUP, SEX, AND DISEASE



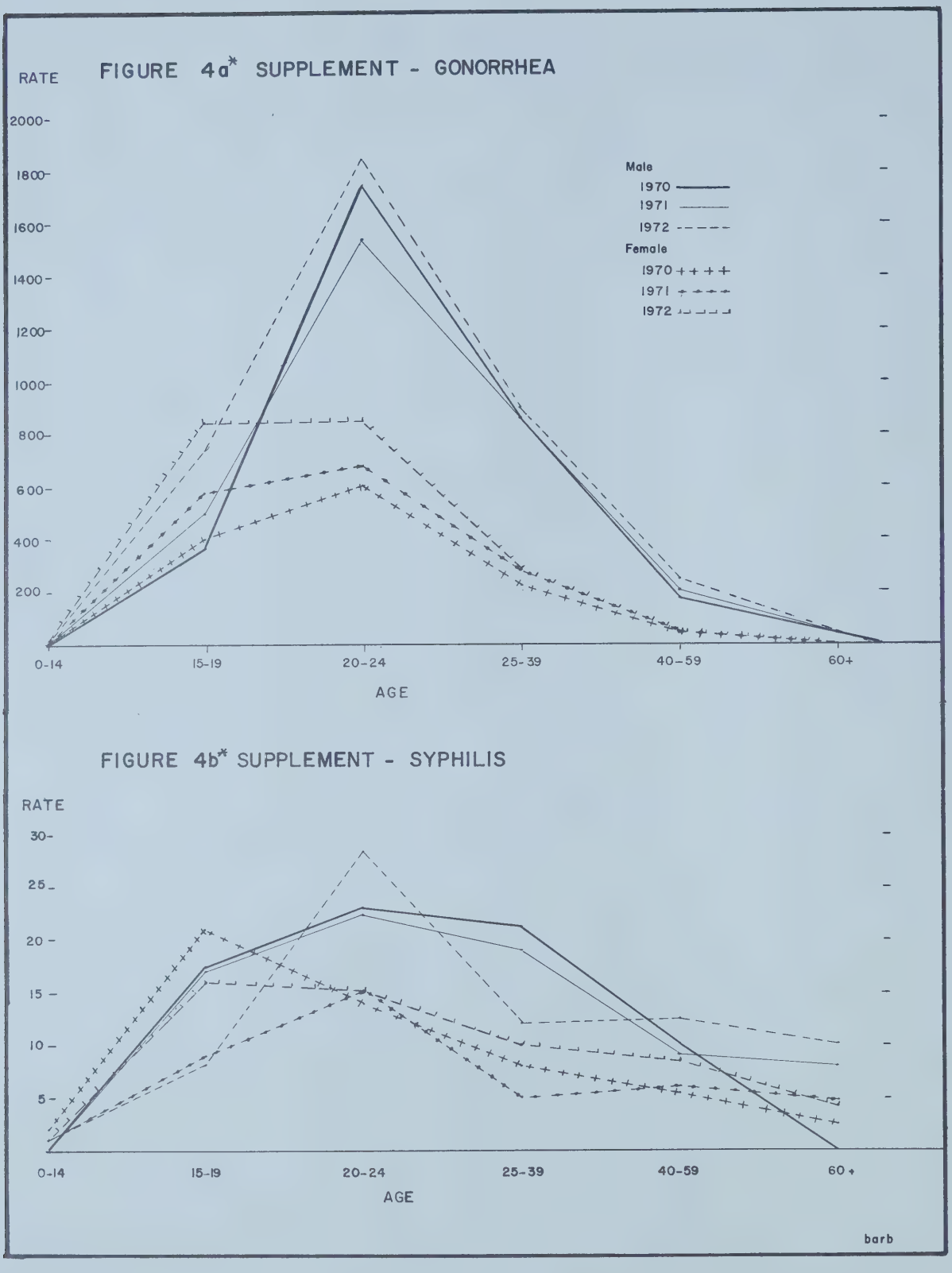






* Please note that the rate scales differ between graphs.

Total venereal disease rates are not relevant as gonorrhea and syphilis are not mutually exclusive diseases.



* Please note that the rate scales are different between the two graphs.

TABLE 1 ESTIMATED INCIDENCE OF GONORRHEA AND SYPHILIS AMONG NATIVE INDIANS AND METIS, 1956 - 1971

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
% of reported venereal disease cases	33.0%	29.9%	41.1%	almost 1/3												
% of reported syphilis cases										28.5%	37.7%	38.6%	37.0%		53.0%	33.9%
% of reported gonorrhea cases (confirmed and unconfirmed)											29.5%	30.6%	35.0%		40.0%	30.9%
% of reported syphilis cases for the age group 18 years and younger															86.2%	83.3%

Data Source: Annual statistical reports of the Division of Social Hygiene, 1953 - 1971.

TABLE 2 Comparison of V.D. rates for Canada and Selected Provinces, 1950-1971 (per 100,000 population)*

A. Syphilis	1950	1951	1952	1953	1954	1955	1956	1967	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Ontario	25.4	16.8	16.7	15.4	16.7	11.7	7.1	7.3	7.3	8.8	11.3	14.7	12.5	15.2	16.3	13.7	10.2	11.4	10.9	10.5	12.7	9.9
Saskatchewan	52.2	48.1	25.4	13.6	11.3	22.8	12.3	13.1	11.9	9.8	9.5	21.1	22.5	19.1	13.6	7.9	10.3	10.4	14.6	19.8	15.4	22.6
Alberta	18.1	16.7	13.9	15.7	20.1	17.3	12.9	9.7	13.8	18.1	14.4	10.5	9.8	11.0	7.7	14.0	14.2	13.6	7.7	8.5	8.0	7.8
British Columbia	50.3	40.1	25.9	19.1	15.4	18.1	13.9	20.4	17.9	18.3	14.7	13.1	19.0	27.8	32.2	22.3	11.8	10.5	13.1	11.5	17.0	19.5
N. W. T.	-	-	-	-	-	-	-	-	-	219.0	59.1	21.7	16.0	-	-	11.1	37.9	82.8	16.1	18.8	18.2	36.1
Canada	44.5	32.7	26.2	19.8	16.6	15.3	13.0	13.4	11.9	12.3	12.1	12.7	13.1	14.7	14.4	13.0	9.8	11.7	10.8	11.4	11.7	11.5
B. Gonorrhea																						
Ontario	63.1	53.3	50.1	50.4	48.9	42.3	34.4	34.0	38.4	36.3	41.5	37.9	36.4	41.2	40.0	37.8	46.3	49.1	57.4	84.8	109.8	112.6
Saskatchewan	107.3	118.2	130.1	160.0	161.6	128.8	131.5	144.7	161.5	158.0	151.1	165.2	222.1	229.9	212.2	228.0	235.9	231.0	218.1	247.4	240.7	301.4
Alberta	217.0	189.1	251.8	257.7	266.7	262.3	253.0	215.4	211.3	192.9	198.3	203.6	260.0	292.7	276.7	238.3	235.6	236.7	244.4	254.3	268.1	294.1
British Columbia	321.3	283.3	253.7	245.5	211.5	186.9	246.1	256.0	225.9	217.7	221.7	225.0	238.6	291.9	337.1	340.1	287.7	244.7	207.7	235.6	281.2	320.9
N. W. T.	-	-	-	-	-	-	-	-	525.0	214.3	336.4	600.0	712.0	715.4	1492.0	2448.1	2324.1	2893.1	2058.7	1665.6	2839.4	5011.1
Canada	117.7	102.5	99.9	104.6	101.4	91.2	90.6	86.4	88.1	84.8	87.6	90.2	95.2	102.5	106.9	104.1	107.3	110.8	108.6	129.0	147.6	158.7

* Data Source: Historical Summary Incidence of Notifiable Diseases by Province, Number of Cases and Rates 1924-1968. 1969-1971 figures came from the Annual Report of Notifiable Diseases.

SOCIO-DEMOGRAPHIC PROFILE OF THE PUBLIC ASSISTANCE CASELOAD 1970/71 - 1972/73[1]

Vivien Lai and Catherine Collis

The purpose of the departmental public assistance program is to provide financial and other support to persons in need for a variety of reasons (old age, illness, family responsibilities, unemployment, etc.) At the time of application for assistance, basic statistical information is taken from each applicant. Collection of these statistics has allowed the development of a "statistical system", which facilitates analysis of the public assistance caseload. This analysis aids in program monitoring and evaluation, and subsequent policy changes.

Public assistance case records have been routinely entered into a computerized statistical system over the past three years. Accordingly, it is now possible to analyse public assistance records in terms of the distribution of basic characteristics of the caseload (age, sex, marital status, educational level, occupation, reasons for assistance, reason for closure, etc.), and to outline trends which may have developed within the past three years.[2] In addition, public assistance data can now be compared with other demographic, social and economic statistics and trends (census, vital statistics, labor statistics, unemployment statistics, etc.).

This article represents some of the initial tabulations and analyses undertaken from this statistical system. As yet, no attempts have been made to explain the distributions and trends discovered; the present objective is primarily descriptive in nature.

The following discussion has been divided into three general topics:

A. Age-sex distribution of public assistance caseload.

B. Educational profile of caseload.

C. Distribution of caseload by reason for assistance.

   1. for all ages combined over the past three years, and

   2. by age groups for a selected quarter of the last four years.

A. Age - Sex Distribution of Public Assistance Caseload.

Table 1 and Figure 1 illustrate the changing age-sex distribution of the public assistance caseload over the last three years. The total caseload increased 5.36 per cent (from 27,644 in 1970/71 to 29,126 in 1972/73), and shifts within the distribution of the caseload among the age-sex categories were noticeable:

- The proportion of the caseload representing the oldest age group (65+) has decreased from 14.63% in 1970/71 to 10.04% in 1972/73.
- The proportion of the caseload representing the youngest age group (0-19) increased in the same time period from 4.45% to 5.58%. The bulk of this increase is attributable to young females.
- With the exclusion of the 65+ group, all female age groups have increased in relation to the total caseload. These increases have obviously been balanced by male decreases.
- The highest percentage increase for both intervals (1970/71 - 1971/72 and 1971/72 - 1972/73) falls within the female 25-34 age group.

At least a partial explanation for these changes lies in recent changes in the age-sex distribution of all household heads in Alberta. Table 2 presents this distribution for 1961, 1966, and 1971; Table 3 gives percentage changes among these years. As evident in these tables, the relative number of female household heads has increased for all age groups (from 11.86% of the total in 1961, to 15.49% in 1971). The number of household heads under the age of 25, for both males and females, has increased in relation to the total distribution. The number of male heads for the age groups over 35 has experienced a relative decrease. Thus, while the public assistance caseload is shifting toward younger age groups and female heads, the situation is at least partially a result of similar overall changes in the distribution of all household heads in Alberta.

B. Educational Profile of Public Assistance Caseload

Table 4 presents the distribution of the public assistance caseload for the last three years, by level of educational attainment; Table 5 shows the percentage changes within the distribution over this time period. It is obvious from Table 5, the public assistance caseload is shifting from persons with lower educational attainment to those at higher educational levels. The largest proportionate increase occurred in the category of grade 10 to 12 education (from 30.43% in 1970/71 to 33.86% in 1972/73). The proportion of the caseload involving persons with partial or completed university degrees also increased during this three year period (from 1.64% to 1.92%). All other educational categories decreased in relation to the total caseload.

It would be appropriate to ask whether the educational distribution of the public assistance caseload represents the educational distribution of the Alberta population in general. Unfortunately, this information is not yet available from the 1971 Census of Canada. Comparison of the current educational distribution of the public assistance caseload to the 1961 Alberta educational distribution (latest data available)

[1] Fiscal years April through March, 1970-71, 1971-72, and 1972-73.

[2] Given averaging techniques required to produce "annual caseload statistics, category totals may differ slightly between tables within this article. These differences are artifacts of the averaging processes, rather than the results of any errors in the print-out tables.

FIGURE 1

CHANGING AGE - SEX DISTRIBUTION, APRIL 1970 TO MARCH 1973

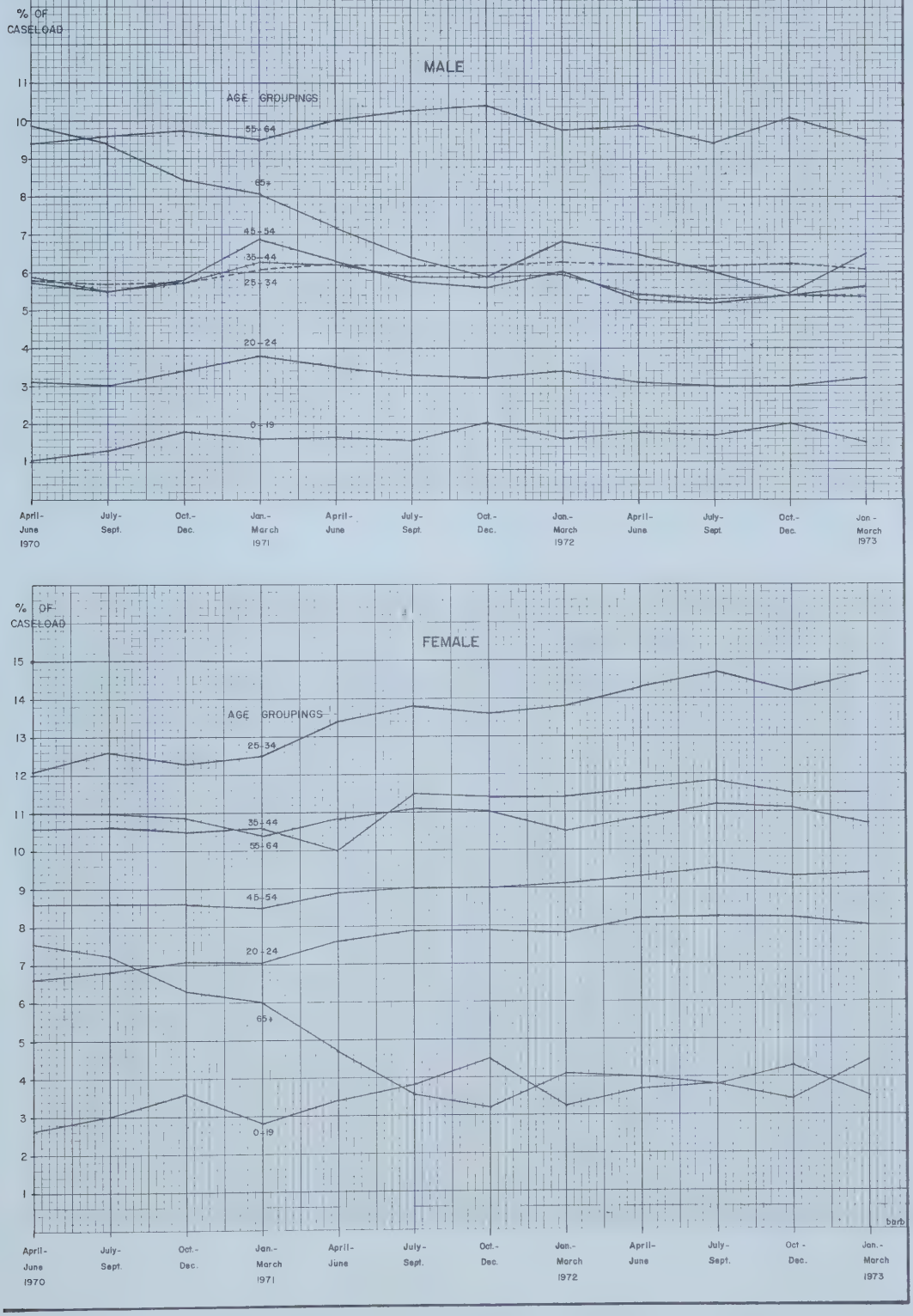


TABLE 1 AGE - SEX DISTRIBUTION OF PUBLIC ASSISTANCE CASELOAD 1970/71 - 1972/73

	Annual Caseload: 1970/71						Annual Caseload: 1971/72						Annual Caseload: 1972/73					
	Males		Females		Both Sexes		Males		Females		Both Sexes		Males		Females		Both Sexes	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
0-19	399	1.44	833	3.01	1232	4.45	490	1.73	1055	3.72	1545	5.45	507	1.74	1117	3.84	1624	5.58
20-24	929	3.36	1923	6.96	2852	10.32	953	3.36	2208	7.78	3161	11.14	896	3.08	2380	8.17	3276	11.25
25-34	1663	6.02	3443	12.45	5106	18.47	1681	5.93	3874	13.66	5555	19.59	1570	5.39	4220	14.49	5790	19.88
35-44	1632	5.90	2943	10.65	4575	16.55	1704	6.01	3144	11.08	4848	17.09	1561	5.36	3381	11.61	4942	16.97
45-54	1691	6.12	2441	8.83	4132	14.95	1767	6.23	2572	9.07	4339	15.30	1803	6.19	2726	9.36	4529	15.55
55-64	2722	9.85	2980	10.78	5702	20.63	2870	10.12	3077	10.85	5947	20.97	2846	9.77	3195	10.97	6041	20.74
65+	2327	8.42	1718	6.21	4045	14.63	1866	6.58	1101	3.88	2967	10.46	1782	6.12	1142	3.92	2924	10.04
TOTALS	11363	41.11	16281	58.89	27644	100.00	11331	39.96	17031	60.04	28362	100.00	10965	37.65	18161	62.36	29126	100.00

TABLE 2 AGE - SEX DISTRIBUTION OF HOUSEHOLD HEADS FOR ALBERTA, 1961, 1966 and 1971

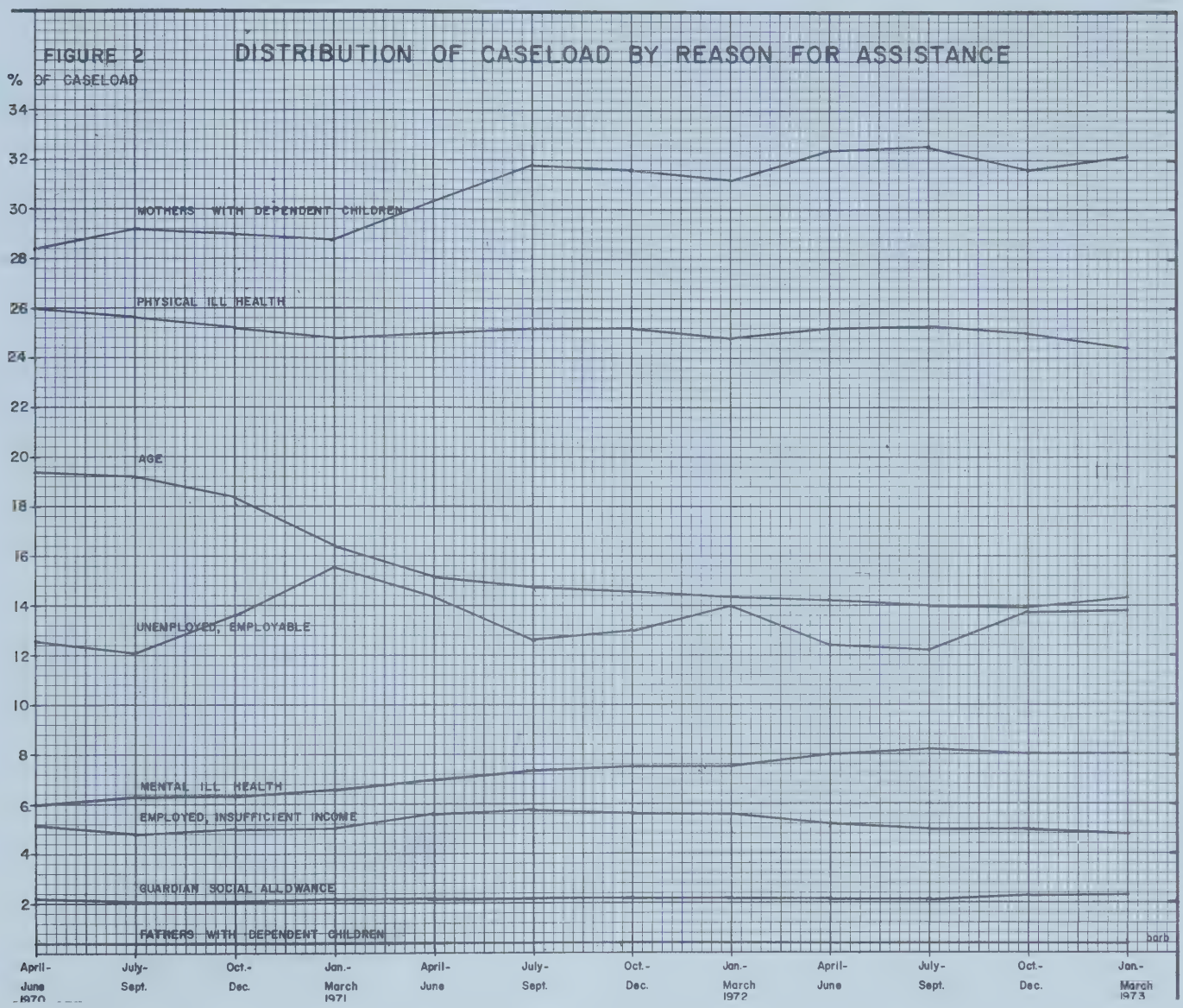
Age of Household Head	1961						1966						1971					
	Males		Females		Both Sexes		Males		Females		Both Sexes		Males		Females		Both Sexes	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
0 - 25	15,240	4.36	3,029	0.87	18,269	5.23	19,901	5.06	5,658	1.44	25,559	6.49	32,270	6.94	9,030	1.95	41,300	8.88
25 - 34	75,266	21.50	3,997	1.14	79,263	22.64	76,762	19.50	5,826	1.48	82,588	20.98	91,295	19.64	9,445	2.03	100,740	21.68
35 - 44	75,516	21.59	5,371	1.54	80,887	23.13	83,324	21.16	6,853	1.74	90,177	22.90	91,380	19.64	8,400	1.81	99,780	21.46
45 - 54	59,728	17.07	6,610	1.89	66,338	18.96	67,120	17.05	8,614	2.19	75,734	19.24	75,070	16.15	10,385	2.23	85,455	18.38
55 - 64	41,942	11.99	7,628	2.18	49,570	14 17	48,000	12.19	9,671	2.46	57,671	14.65	54,450	11.71	12,530	2.70	66,980	14.41
65+	40,666	11.63	14,823	4.24	55,489	15.87	43,431	11.03	18,547	4.71	61,978	15.74	48,486	10.42	22,210	4.78	70,675	15.20
TOTALS	308,358	88.14	41,458	11.86	349,816	100.00	338,538	85.99	55,169	14.01	393,707	100.00	392,930	84.51	72,000	15.49	464,930	100.00

Data Source: Census of Canada 1961, 1966 and 1971

TABLE 3 PERCENTAGE CHANGES IN AGE - SEX DISTRIBUTION OF HOUSEHOLD HEADS FOR ALBERTA, 1961-1966 and 1966-1971

Age of Household Head	Percentage Changes 1961-1966			Percentage Changes 1966-1971		
	Males	Females	Both Sexes	Males	Females	Both Sexes
0 - 25	+0.70	+0.61	+1.31	+1.88	+0.51	+2.39
25 - 34	-2.00	+0.34	-1.66	+0.14	+0.55	+0.70
35 - 44	-0.43	+0.20	-0.23	-1.51	+0.07	-1.44
45 - 54	-0.02	+0.30	+0.28	-0.90	+0.04	-0.86
55 - 64	+0.20	+0.28	+0.48	-0.48	+0.24	-0.24
65+	-0.60	+0.47	-0.13	-0.61	+0.07	-0.54

FIGURE 2 DISTRIBUTION OF CASELOAD BY REASON FOR ASSISTANCE



might prove highly inappropriate considering recent improvements in overall educational standards within the province. However, even on the basis of 1961 data, it appears that the public assistance caseload does over-represent the lower educational levels.

C. Distribution of Caseload by Reason for Assistance

At the time of application for assistance, each case is coded by the social worker as to "reason for assistance"[1]. Categories include:

age
physical ill health
mental ill health
mothers with dependent children
fathers with dependent children
unemployed employable persons
employed persons earning insufficient income

In addition, Guardian Social Allowance is available to children living with relatives or guardians. Many applications fall neatly into one of the above categories. However, others might qualify under two or more. It has been left to the social worker to determine the primary reason for assistance. Such judgments vary among workers, producing a certain degree of measurement error in the statistics. However, this error is believed relatively small and somewhat random in occurrence. Therefore, the distribution and shifts of caseload by reasons for assistance are useful as general indicators of causes leading to assistance.

Figure 2 presents the distribution of the public assistance caseload by reason for assistance over the last three years. In relation to the total caseload, age as a reason for assistance has declined considerably (from 18.4% in 1970/71 to 14.1% in 1972/73). In contrast, the proportion consisting of mothers with dependent children has increased over the past three years (from 28.8% to 32.2%). Currently given reasons for assistance (from most to least frequently given) are:

mother with dependent children
physical ill health
age
unemployed employable
mental ill health
employed, insufficient income
Guardian Social Allowance
father with dependent children

The category of unemployed employables has remained fairly constant over the last three years, constituting approximately 13.5% of the total caseload.

In order to more fully analyse data concerning the distribution of caseload by reason for assistance, statistics for the quarter January through March of each of the last four years were cross-tabulated by age groups. Table 6 presents this breakdown for January - March of 1973 (for reasons of brevity, the tables for the corresponding quarters of the other three years have not been reproduced here); Table 7 presents the percentage changes with the distribution of caseload by reasons for assistance and age, over the four-year period. These two tables reveal several interesting patterns.

As mentioned above, age as a reason for assistance has declined in relative importance over the four years studied (from 19.49% in 1969/70 to 14.28% in 1972/73). This decrease is mainly attributable to the increases in Old Age Security and the guaranteed income supplement which resulted in decreases in the number of pensioners requiring supplements from the public assistance branch. Obviously, of all age groups, age has always ranked highest as a reason for assistance within the 60^+ age group: 62.8% of the persons on assistance who were 60 years or older reported age as reason for assistance in 1972/73. (Prior to November 1972, women 55^+ years were eligible for assistance by reason of age, thus explaining the number of persons 50-59 claiming age as a reason for assistance.)

Physical ill health has declined as a reason for assistance in the last four years (from 26.20% in 1969/70 to 24.25% in 1972/73). It is most frequently reported within the 50-59 age group (50.25% of the persons in this age group claimed physical ill health in 1972/73), although this is at least partially a function of the present minimum age eligibility limit of 60. The proportion of the physical ill health caseload representing persons 60^+ has declined over the time period under study (from 8.46% to 6.14%).

Mental ill health as a reason for assistance has increased over the last four years (from 5.65% to 7.94%). This increase is found within all age groups with the exception of the 60^+ age group. The highest frequency of mental ill health appears within the 20-29 age category, which also has the highest proportionate increases over the four year span. It should be remembered that the public assistance figures include mentally handicapped cases.

The proportion of the caseload representing employed persons with a level of income insufficient to meet basic needs, has decreased slightly since 1969/70 (from 5.23% to 4.66%). This decrease is distributed relatively evenly among the age categories. In general, the middle-aged groups (particularly 30-39 years) report the highest frequency of insufficient income.

The relative incidence of mothers with dependent children in comparison with the total caseload has increased steadily over the past four years (from 28.21% in 1969/70 to 32.13% in 1972/73). This increase has been particularly rapid for the 20-29 age group. (In 1972/73, 50.23% of the persons aged 20-29 reported this reason for assistance.)

In contrast to the high frequency of mothers with dependent children, the number of fathers with dependent children remains relatively insignificant in relation to the total caseload (the proportion remaining fairly constant at approximately 0.40% of the caseload). The frequency of fathers with dependent children is slightly higher for the middle-aged groups than for the very young or very old categories.

[1] For definitions of "reasons for assistance", as used by the department, please refer to the glossary appearing at the end of this review.

TABLE 6 REASON FOR ASSISTANCE BY AGE, JANUARY - MARCH 1973

Reason for Assistance	AGE GROUPS 0-19 #	0-19 %	20-29 #	20-29 %	30-39 #	30-39 %	40-49 #	40-49 %	50-59 #	50-59 %	60+ #	60+ %	All Ages #	All Ages %
Age	-	-	-	-	-	-	-	-	451	1.48	3914	12.82	4365	14.28
Physical Ill Health	310	1.02	745	2.44	655	2.14	1318	4.32	2510	8.22	1876	6.14	7413	24.25
Mental Ill Health	186	0.61	679	2.22	437	1.43	453	1.48	473	1.55	198	0.65	2424	7.94
Employed Insufficient Income	46	0.15	318	1.04	383	1.25	374	1.22	232	0.76	71	0.23	1423	4.66
Mother with Dependant Child	529	1.73	3383	11.08	2888	9.46	2043	6.69	916	3.00	64	0.21	9827	32.13
Father with Dependent Child	1	0.00	7	0.02	31	0.10	45	0.15	35	0.11	13	0.04	135	0.43
Guardian Social Allowance	699	2.29	-	-	-	-	-	-	-	-	-	-	699	2.29
Unemployed Employables	935	3.06	1471	4.82	828	2.71	585	1.92	378	1.24	88	0.29	4251	14.02
TOTALS	2706	8.86	6603	21.62	5222	17.10	4818	15.78	4995	16.36	6224	20.38	30568	100. 0

TABLE 7 PERCENTAGE CHANGES IN THE DISTRIBUTION OF PUBLIC ASSISTANCE CASELOAD BY REASON FOR ASSISTANCE AND AGE, FOR JANUARY - MARCH OF EACH YEAR, 1969/70 - 1972/73*

Reason for Assistance	AGE GROUPS 0 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60+	All Ages
Age							
1969/70 - 1970/71	-	-	-	-	-0.15	-2.89	-3.02
1970/71 - 1971/72	-	-	-	-	+0.03	-2.09	-2.06
1971/72 - 1972/73	-	-	-	-	-0.26	+0.25	-0.12
Physical ill health							
1969/70 - 1970/71	+0.11	+0.21	+0.03	-0.17	-0.17	-1.30	-1.31
1970/71 - 1971/72	+0.14	+0.04	+0.04	+0.38	+0.06	-0.58	+0.10
1971/72 - 1972/73	-0.17	-0.22	-0.17	+0.22	+0.08	-0.44	-0.71
Mental ill health							
1969/70 - 1970/71	+0.15	+0.46	+0.16	+0.10	+0.12	-0.02	+0.96
1970/71 - 1971/72	+0.13	+0.41	+0.22	+0.13	+0.23	-0.05	+1.06
1971/72 - 1972/73	-0.09	+0.11	+0.14	-0.02	+0.06	+0.05	+0.27
Employed, Insufficient Income							
1969/70 - 1970/71	+0.04	-0.06	-0.09	-0.06	-0.06	+0.03	-0.19
1970/71 - 1971/72	+0.02	+0.14	-0.01	+0.23	+0.16	+0.03	+0.56
1971/72 - 1972/73	-0.02	-0.43	-0.33	-0.17	+0.04	-0.05	-0.94
Mother with Dependent Child							
1969/70 - 1970/71	+1.24	+0.59	-0.17	-0.04	-0.03	-0.05	+0.53
1970/71 - 1971/72	+0.28	+1.31	+0.62	+0.32	+0.25	+0.01	+2.80
1971/72 - 1972/73	+0.03	+0.34	+0.27	-0.02	+0.02	-0.01	+0.64
Father with Dependent Child							
1969/70 - 1970/71	0.00	-0.05	-0.06	-0.01	-0.01	-0.02	-0.08
1970/71 - 1971/72	0.00	0.00	-0.01	0.00	0.00	-0.02	-0.02
1971/72 - 1972/73	0.00	-0.01	0.00	+0.03	+0.04	-0.01	+0.06
Guardian Social Allowance							
1969/70 - 1970/71	-0.11	-	-	-	-	-	-0.11
1970/71 - 1971/72	+0.04	-	-	-	-	-	+0.04
1971/72 - 1972/73	+0.06	-	-	-	-	-	+0.06
Unemployed Employables							
1969/70 - 1970/71	+0.63	+1.35	+0.36	+0.57	+0.35	-0.02	+3.24
1970/71 - 1971/72	+0.30	-1.40	-0.79	-0.46	-0.21	+0.08	-2.48
1971/72 - 1972/73	+0.23	+0.70	+0.10	-0.14	+0.02	-0.06	+0.73

* Each figure on the table represents the change between two consecutive years in the percentage of the total caseload for which the age group accounted.

The proportion of the caseload constituted by guardian social allowance has also remained fairly constant over the last four years (approximately 2.29%), and, by definition, remains entirely within the youngest age group (0-19).

During the same time period, the proportion of unemployed employables has fluctuated between 12.5% and 15.5%. The highest frequency of this occurs within the 20-29 age group (in 1972/73, 22.28% of the persons aged 20-29 reported unemployment as their reason for assistance), then declines with age. Unemployment as a reason for assistance has increased in importance for the 0-19 age group (from 1.9% to 3.1%); decreased in importance for the 30-39 age group (from 3.04% to 2.71%), and remained relatively constant for the other age groups.

It is not the intent of this particular article to speculate as to possible societal trends underlying the demonstrated shifts in the distribution of caseload by reason for assistance and age. It would be necessary to link the public assistance data with a variety of demographic, social and economic indices such as rates of fertility; mortality; divorce; disertion; illegitimacy; mental and physical illness; unemployment; cost of living increase; labor force participation; university, technical and high school graduation; etc. Such analyses will be undertaken in the future. Partial explanation for some of the trends and distributions outlined above can be found in program changes internal and external to the department. However, these program changes are, in themselves, administrative reactions to the various societal trends listed above.

SUMMARY

The public assistance caseload is shifting towards younger age groups, and female household heads. This is partially a reflection of similar trends in the overall Alberta population.

Although the caseload still over-represents the population in lower educational levels (e.g. no schooling, or elementary schooling only), it is gradually moving toward higher levels. The largest proportionate increases were experienced within the grade 10-12 level, while university categories were also higher.

Age and physical ill health have declined in importance as reasons for assistance, while the relative frequency of mothers with dependent children, and persons reporting mental ill health, have increased. No notable changes have occurred in the relative number of employed receiving insufficient income, fathers with dependent children, or children receiving Guardian Social Allowance. The relative number of "unemployed employables" on assistance has fluctuated over the past four years, but has not demonstrated any overall trend.

TABLE 4 EDUCATIONAL PROFILE OF PUBLIC ASSISTANCE CASELOAD

1970/71 - 1972/73

Level of Educational Attainment	1970/71		1971/72		1972/73	
	#	%	#	%	#	%
Illiterate	1,621	5.84	1,532	5.39	1,564	5.36
Grade 4 or less	3,499	12.60	3,185	11.20	3,221	11.04
Grade 5 - 6	2,966	10.68	2,823	9.93	2,830	9.70
Grade 7 - 9	10,807	38.90	11,007	38.72	11,115	38.12
Grade 10 - 12	8,453	30.43	9,373	32.93	9,874	33.86
1 - 3 years university	359	1.29	402	1.41	442	1.52
University graduate	98	0.35	110	0.39	118	0.40
TOTALS	27,782	100.00	28,432	100.00	29,164	100.00

TABLE 5 PERCENTAGE CHANGES IN THE EDUCATIONAL PROFILE OF PUBLIC ASSISTANCE CASELOAD

1970/71 - 1972/73

Level of Educational Attainment	Percentage Change 1970/71 - 1971/72	Percentage Change 1971/72 - 1972/73
Illiterate	−0.45	−0.03
Grade 4 or less	−1.40	−0.16
Grade 5 - 6	−0.75	−0.23
Grade 7 - 9	−0.18	−0.60
Grade 10 - 12	+2.50	+0.93
1 - 3 years university	+0.12	+0.11
University graduate	+0.04	+0.01

HIGHLIGHTS OF PUBLIC ASSISTANCE AND CHILD WELFARE STATISTICS

PUBLIC ASSISTANCE

Table 1 presents the distribution of public assistance caseload by reason for assistance over the last quarter, and shows relative changes from the previous quarter. Average caseload for the quarter was 29,838 households (including both families and single person units), an increase of 1.83% over the previous quarter. The most frequent reasons for assistance continue to be mothers with dependent children (32.9% of the total caseload), and physical ill health (24.8% of the caseload). In comparison with the previous quarter's figures, the proportions of the caseload consisting of mothers with dependent children, and aged persons, have increased (0.6 and 0.4 percentage points, respectively). The increasing proportion of mothers with dependent children is a continuation of the steady increase exhibited by this recipient group over the last three or four years. Categories which show a decrease in caseload from the last quarter are: physical ill health (−0.8%); employed with insufficient income (−0.3%); unemployed employables (−0.1%).

Table 2 indicates the age-sex distribution of the public assistance caseload for the quarter. Little change from the previous quarter is evident. Males constituted 37.75% of the caseload; females, 62.25%. Over one-half of the recipients are 40 years of age or older; almost another quarter are females between the ages of 20 and 34. The number of persons under 20 years of age is down slightly from the previous quarter (from 6.3% to 5.07% of the total caseload).

Distribution of the public assistance caseload over the province is presented in Table 3. Edmonton and Calgary continue to dominate the provincial caseload (37.7% and 25.8% respectively). The three districts exhibiting the highest rates of increase from the previous quarter are Rocky Mountain House (17.0% increase), Brooks (12.5%), and Blairmore (11.5%). Only four centres show an absolute decrease in caseload from the previous quarter (High Prairie, Smoky Lake, Athabasca and Hanna). Overall ranking of communities by their proportion of the provincial caseload changed very little.

Analysis of the occupational distribution of persons on public assistance revealed little change from the previous quarter. A slight decrease (from 20.1% to 19.69%) was evident for the primary occupational category (loggers, farmers, fishermen, trappers, hunters, miners).

Municipal Caseload Statistics

Table 4 presents municipal caseload statistics for the quarter of October to December 1972. Incomplete returns to date preclude presentation of statistics for the quarter January to March 1973 in this issue of the Quarterly Statistical Review. The ten cities accounted for 93.61% of the provincial caseload, of which Edmonton and Calgary totalled 90.09%.

Relationship of Public Assistance Caseload to Labor Force Characteristics

Figure 1 plots the number of persons in the labor force and the number of unemployed persons, as estimated by the labor force surveys; the total public assistance caseload; the number of "unemployed employables" within the provincial public assistance caseload, and municipal caseload[1] (mainly "unemployed employables"). The graph appears to indicate that the number of unemployed employables on assistance is somewhat sensitive to the total number of unemployed persons. The overall public assistance caseload is much less sensitive to the number of unemployed, undoubtedly because only 15% of the caseload falls within the category "unemployed employables".

CHILD WELFARE

Table 1 presents the distribution of children under care of the department, by status, for January to March 1973. The total number of children in care (5,721) has decreased slightly from the previous quarter (−0.35%). Of this total number, 53.0% were permanent wards, 36.1% were temporary wards (29.4% under the Child Welfare Act, and 6.7% under the Juvenile Delinquency Act) and 10.9% were non-wards, or out-of-province wards.[2]

The most notable changes from the previous quarter are shifts within the distribution of these children among the various type of ward categories. Temporary C.W.A. wards constituted a considerably larger share of the total (from 26.4% to 29.4%), while the number of children under care with a view to adoption experienced an equally striking relative decline (from 15.5% to 12.9%). Permanent C.W.A. wards also decreased in relative frequency.

Table 2 indicates that a majority of children under care (57.3%) are presently in foster homes; 13.2% have been placed with a view to adoption; 13.8% are in institutions; and 8.2% are living with their parents. In comparison with the previous quarter, only two categories of placement have changed noticeably: the number of children in foster homes is up (from 55.2% in the quarter October to December 1972, to 57.3% in January to March 1973), while the number of children placed with a view to adoption is down (from 15.7% to 13.2%). These changes are particularly evident among the permanent C.W.A. wards. The relative number of temporary J.D.A. wards in treatment institutions is down (from 25.5% to 24.4%), as is the relative number reported as "run away" (from 5.3% to 4.2%). In contrast, the number of temporary J.D.A. wards living with their parents is up considerably (from 34.0% to 36.2%).

Figure 1 traces the proportion of children under care for each type of placement over the past three years. That of children in foster homes has increased from a low of 45% in August 1971 to a

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1 For additional information concerning the labor force survey and the municipal caseload, please refer to the glossary which appears at the end of this review.

2 For the remainder of this article, Child Welfare Act will be abbreviated as C.W.A., and Juvenile Delinquency Act. as J.D.A.

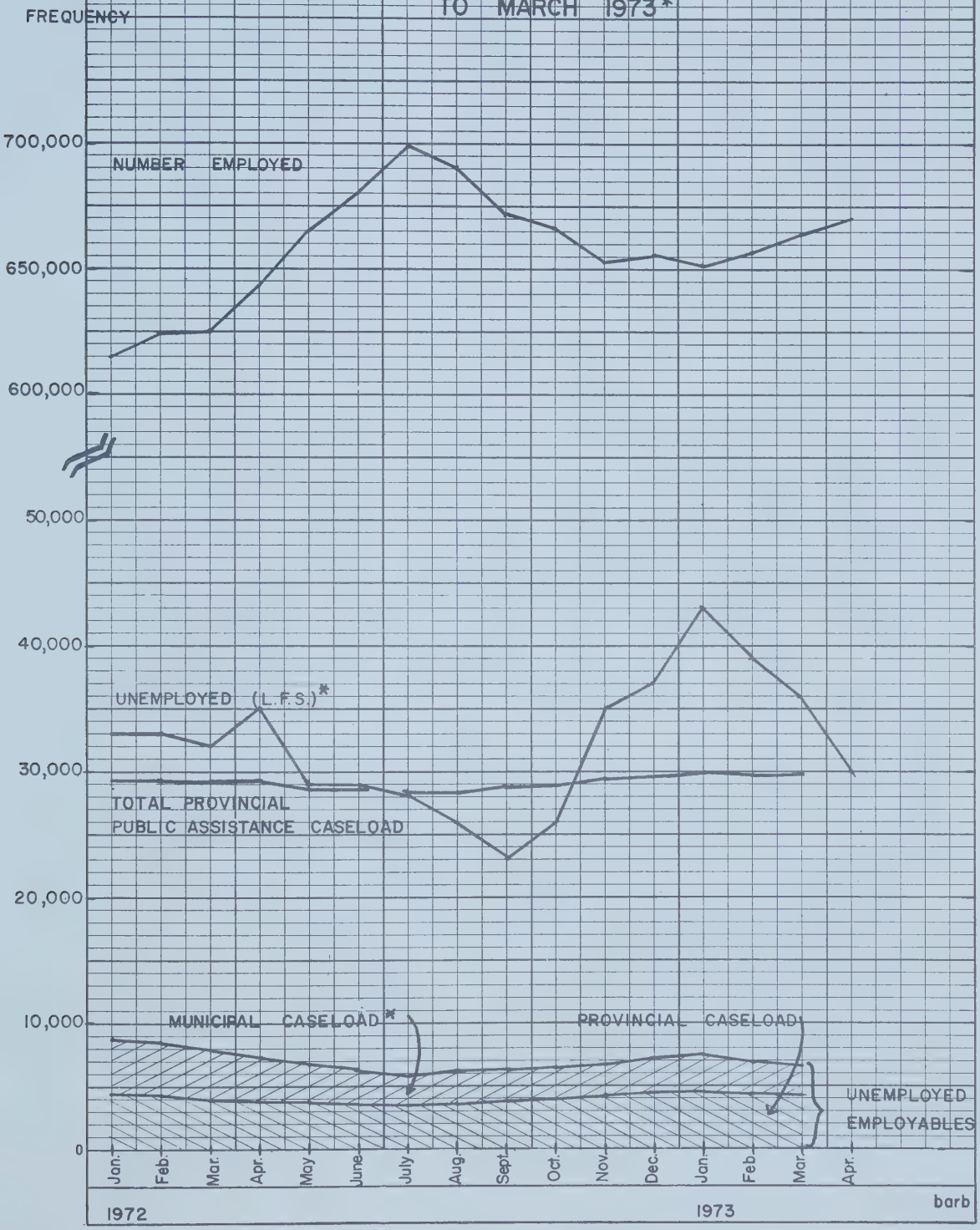
TABLE 1 DISTRIBUTION OF CASELOAD BY REASON FOR ASSISTANCE
FOR THE QUARTER JANUARY - MARCH 1973

Reason for Assistance	January	February	March	Quarterly Average Jan. - March #	%	Last Quarter's Average Oct. - Dec. 1972 #	%	Percentage Change Between Quarters
Age	4277	4353	4465	4365	14.6	4175	14.2	+0.4
Physical Ill Health	7492	7395	7353	7413	24.8	7489	25.6	-0.8
Mental Ill Health	2404	2425	2442	2424	8.1	2377	8.1	0.0
Mother with Dependent Children	9678	9794	10010	9827	32.9	9470	32.3	+0.6
Father with Dependent Children	127	135	143	135	0.4	116	0.4	0.0
Unemployed Employables	4486	4192	4075	4251	14.2	4188	14.3	-0.1
Employed Insufficient Income	1454	1436	1379	1423	4.8	1488	5.1	-0.3
TOTALS	29918	29730	29730	29838	100.0	29303	100.0	
Increase Rate over Previous Month	+1.13	-0.63	+0.46					
Increase Rate over Previous Quarter				+1.83				

TABLE 2 AGE-SEX DISTRIBUTION OF CASELOAD
FOR THE QUARTER JANUARY - MARCH 1973

Age Group	Males #	Males %	Females #	Females %	Both Sexes #	Both Sexes %
0 - 19	464	1.55	1050	3.52	1514	5.07
20 - 24	949	3.18	2399	8.03	3348	11.21
25 - 29	915	3.06	2373	7.94	3288	11.00
30 - 34	750	2.51	2022	6.77	2772	9.28
35 - 39	734	2.46	1795	6.01	2529	8.47
40 - 49	1774	5.94	3059	10.24	4833	16.18
50 - 59	2061	6.90	2798	9.37	4859	16.27
60+	3629	12.15	3098	10.37	6727	22.52
TOTALS	11276	37.75	18594	62.25	29870	100.00

FIGURE 1 PUBLIC ASSISTANCE CASELOAD AND LABOR FORCE CHARACTERISTICS - JAN. 1972 TO MARCH 1973*



* Municipal caseload for Jan - March 1973 is from 5 to 10% incomplete

* L.F.S. - Labor Force Survey

TABLE 3 REGIONAL DISTRIBUTION OF CASELOAD FOR THE QUARTER JANUARY - MARCH 1973

Regional Office	Quartile Average #	Quartile Average %	Last Quarter's Average #	Last Quarter's Average %	Percentage Rate of Increase over Last Quarter	RANKS This Quarter	RANKS Last Quarter
Edmonton North	4908	16.1	4807	16.4	2.1	1	1
Calgary South	4631	15.2	4371	14.9	5.9	2	2
Calgary North	3247	10.6	3106	10.6	4.5	3	4
Edmonton West	3243	10.6	3180	10.9	2.0	4	3
Edmonton South	2473	8.1	2326	7.9	6.3	5	5
Lethbridge	1587	5.2	1536	5.2	3.3	6	6
Grande Prairie	914	2.3	911	3.1	.3	7	7
Red Deer	886	2.9	825	2.8	7.4	8	9
Edmonton West 10	872	2.9	832	2.8	4.8	9	8
Wetaskiwin	785	2.6	752	2.6	4.4	10	10
Medicine Hat	609	2.0	571	2.0	6.6	11	11
High Prairie	475	1.6	506	1.7	-6.1	12	12
Barrhead	436	1.4	419	1.4	4.1	13	13
Peace River	408	1.3	394	1.3	3.6	14	14
Lac la Biche	387	1.3	350	1.2	10.6	15	16
Vegreville	373	1.2	354	1.2	5.4	16	15
Bonnyville	343	1.1	325	1.1	5.5	17	17
St. Paul	321	1.0	292	1.0	9.9	18	18
Edson	300	1.0	282	1.0	6.4	19	19
Drumheller	296	1.0	277	.9	6.9	20	20
Vermilion	274	.9	250	.9	9.6	21	22
Camrose	265	.9	250	.9	6.0	22	22
Slave Lake	254	.8	253	.9	.4	23	21
Wainwright	244	.8	232	.8	5.2	24	25
Smoky Lake	242	.8	246	.8	-1.6	25	24
Blairmore	233	.8	209	.7	11.5	26	27
Athabasca	220	.7	225	.8	-2.2	27	26
Stettler	203	.7	197	.7	3.0	28	28
McMurray	203	.7	194	.7	4.6	28	29
High Level	189	.6	170	.6	11.2	30	30
Rocky Mountain House	165	.5	141	.5	17.0	31	32
Olds	157	.5	154	.5	1.9	32	31
Whitecourt	130	.4	129	.4	.8	33	33
Brooks	117	.4	104	.3	12.5	34	34
Hanna	83	.3	84	.3	-1.2	35	35
Grande Cache	53	.2	49	.2	.8	36	36
TOTALS	30537	100.0	29303	100.0			

TABLE 4 MUNICIPAL PUBLIC ASSISTANCE CASELOAD
October - December 1972

Municipality	Quarterly Caseload #	Quarterly Caseload %
Cities:		
Calgary	1387	53.72
Camrose	6	0.23
Drumheller	8	0.31
Edmonton	939	36.37
Grande Prairie	2	0.08
Lethbridge	42	1.63
Lloydminster	0	0.00
Medicine Hat	18	0.70
Red Deer	15	0.58
Wetaskiwin	0	0.00
Total Cities:	2417	93.61
Towns	56	2.17
Villages	5	0.19
Counties	71	2.75
Municipal Districts	33	1.28
TOTAL	2582	100.00

high of 58% in March 1973. Balancing this increase, the relative number of children placed with a view to adoption has decreased from a high of 28% in August 1971 to a low of 13% in March 1973. In addition to these two major trends, the proportion of children living in group homes has increased from less than 1% in April 1970 to almost 4% in March 1973; that of children in institutions, with relatives, or reported as "run away" has remained relatively constant over the three-year period. The overall trend in the proportion of children living with their parents has increased over the same time period, but an interesting peak occurs between October 1970 and April 1971. The increase in the fall of 1970 resulted from the transfer of temporary J.D.A. wards from the Department of the Attorney General to the Child Welfare Branch. The decrease in April 1971 was caused by the lowering of the age of majority from 21 to 18 years (terminating wardship for approximately 500 children).

Table 3 presents the age distribution of children under care of the department. Approximately one-third of the children are within each of the age categories 0-6, 7-12, and 13+ years of age. In comparison with the previous quarter, a slightly younger distribution of children is evident. However, 28.3% of the children still fall between the ages of 14 and 16 (inclusive).

TABLE 1A STATUS OF CHILDREN UNDER CARE
FOR JANUARY - MARCH 1973

Type of Ward	January	February	March	Quarterly Average		Last Quarter's Average		Percentile Change
				#	%	#	%	
Temporary C.W.A.	1647	1677	1713	1679	29.4	1515	26.4	+3.0
Permanent C.W.A.	2305	2298	2278	2294	40.1	2356	41.0	-0.9
View to Adoption	778	735	707	740	12.9	892	15.5	-2.6
Temporary J.D.A.	373	383	387	381	6.7	375	6.6	+0.1
Non-Ward	443	432	447	441	7.7	411	7.2	+0.5
Out of Province	185	185	188	186	3.3	192	3.3	0.0
TOTALS	5731	5710	5720	5721	100.0	5741	100.0	-
Increase rate over Previous Month	+1.74	-0.37	+0.18					
Increase rate over Previous Quarter				-0.35				

C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquency Act

TABLE 2 A DISTRIBUTION OF CHILDREN UNDER CARE BY STATUS AND TYPE OF PLACEMENT FOR THE QUARTER JANUARY - MARCH 1973

Type of Placement	STATUS											
	Temporary Ward (C.W.A.)		Permanent Ward (C.W.A.)		Non-Ward		Out of Province		Temporary Ward (J.D.A.)		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Free Home	22	1.3	18	0.6	3	0.7	2	1.1	7	1.8	52	0.9
Foster Home	1121	66.8	1753	57.8	224	50.8	130	69.9	50	13.1	3278	57.3
Institution - Treatment	67	4.0	91	3.0	53	12.0	2	1.1	93	24.4	306	5.4
- Correctional	2	0.1	5	0.2	0	0.0	0	0.0	6	1.6	13	0.2
- Receiving	108	6.4	86	2.8	33	7.5	3	1.6	7	1.8	237	4.1
Mental Defective in A.S.H.	13	0.8	80	2.6	7	1.6	5	2.7	4	1.0	109	1.9
Other Institution	17	1.0	78	2.6	21	4.8	3	1.6	5	1.3	124	2.2
Independent	2	0.1	18	0.6	3	0.7	1	0.5	1	0.3	25	0.4
View to Adoption	-	-	740	24.4	-	-	10	5.4	-	-	752	13.1
Run Away	17	1.0	27	0.9	7	1.6	3	1.6	16	4.2	70	1.2
With own Parents	247	14.7	21	0.7	51	11.6	11	5.9	138	36.2	468	8.2
Group Home	41	2.4	95	3.1	37	8.4	2	1.1	43	11.3	218	3.8
With relatives	20	1.2	21	0.7	1	0.2	14	7.5	11	2.9	67	1.2
TOTALS	1677	100.0	3033	100.0	440	100.0	186	100.0	381	100.0	5717	100.0

A.S.H. - Alberta School Hospital
C.W.A. - Child Welfare Act
J.D.A. - Juvenile Delinquency Act

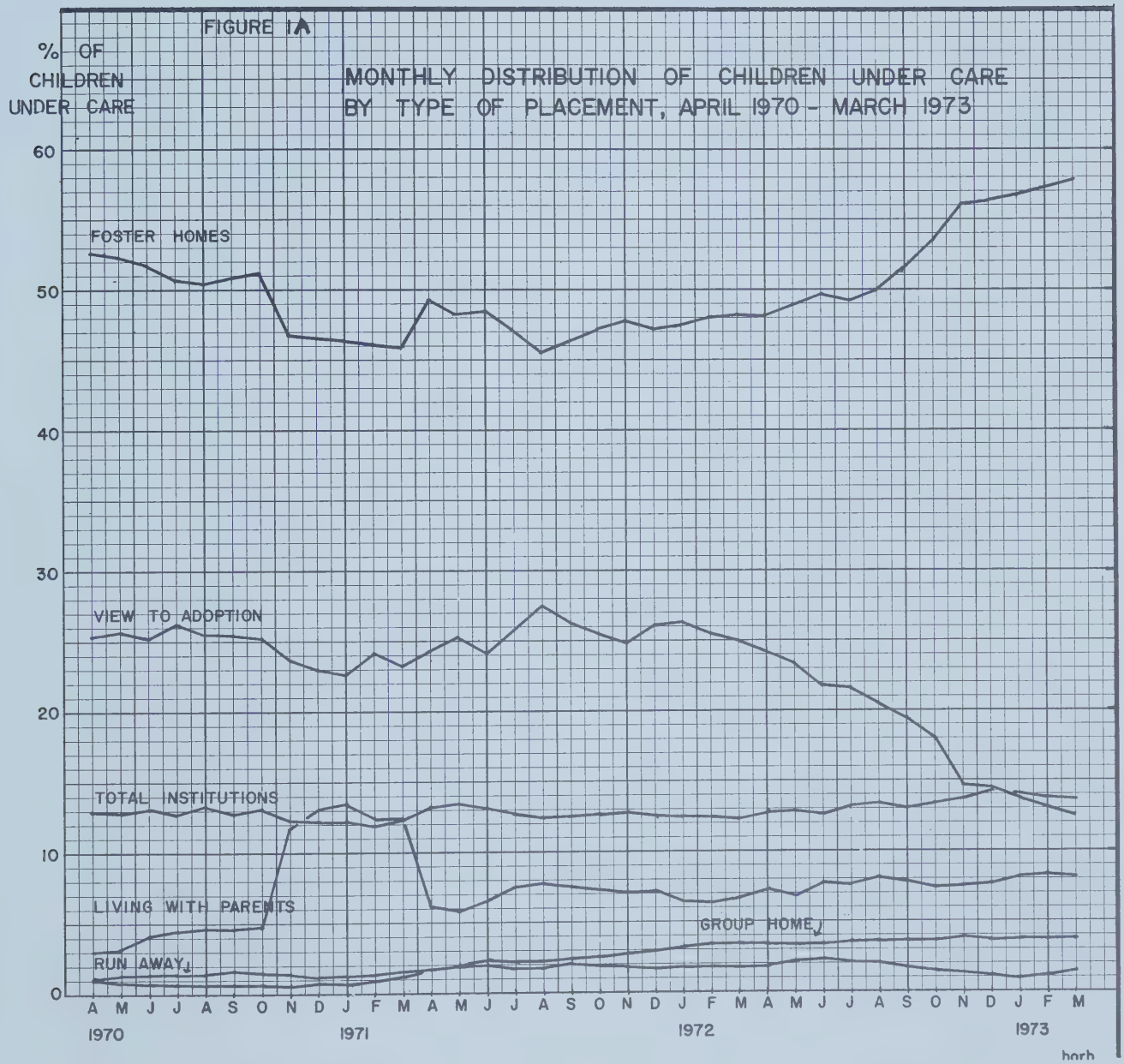


FIGURE 1A
% OF CHILDREN UNDER CARE
MONTHLY DISTRIBUTION OF CHILDREN UNDER CARE BY TYPE OF PLACEMENT, APRIL 1970 - MARCH 1973
60
50
40
30
20
10
0
FOSTER HOMES
VIEW TO ADOPTION
TOTAL INSTITUTIONS
LIVING WITH PARENTS
GROUP HOME
RUN AWAY
A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M
1970
1971
1972
1973
barb

TABLE 3A AGE-SEX DISTRIBUTION OF CHILDREN UNDER CARE
FOR JANUARY - MARCH 1973

Age[1]	Males #	Males %	Females #	Females %	Both Sexes #	Both Sexes %	Range	Range Percentage	Previous Quarter's Range Percentage[2]
0	508	7.28	450	6.45	958	13.72			
1	125	1.80	103	1.48	228	3.27			
2	112	1.60	94	1.35	206	2.95			
3	121	1.73	77	1.10	198	2.84	0-6	33.63	31.2
4	142	2.03	92	1.32	234	3.35			
5	156	2.24	106	1.52	262	3.75			
6	156	2.24	106	1.52	262	3.75			
7	158	2.26	95	1.36	253	3.62			
8	153	2.19	105	1.50	258	3.70			
9	164	2.35	107	1.53	271	3.88	7-12	27.65	23.9
10	173	2.48	120	1.72	293	4.20			
11	219	3.14	123	1.76	342	4.90			
12	352	5.04	161	2.31	513	7.35			
13	452	6.47	220	3.15	672	9.63			
14	624	8.94	286	4.10	910	13.04			
15	419	6.00	272	3.90	691	9.90	13+	38.72	44.9
16	188	2.69	191	2.74	379	5.43			
17	26	.37	24	.34	50	.72			
TOTAL	4248	60.85	2733	39.15	6981	100.00			

[1] Age groups are approximate as a result of computer tabulation of children by birth year rather than age. Thus, all children born in either 1972 or 1973 were included in the "0" age group; all children born in 1971 were included in the "1" age group; etc.

[2] Corrected figures from the last Quarterly Statistical Review.

GLOSSARY

Abrade - to rub away the external covering or layer of a part.

Asymptomatic - showing or causing no symptoms.

Bartholin glands - one of the two small bodies on either side of the vaginal orifice.

Boarding home - a foster home in which the foster parents receive monetary compensation from the department to cover boarding expenses, clothing, etc., for the ward.

Caseload - the number of households, or units, assisted. These units consist of one or more persons. Caseload is often used to refer to the collective heads of these units. (See household heads.)

Cervix - the neck or narrow end of the uterus which protrudes into the upper end of the vagina.

Chancre - the sore which develops as the primary lesion of syphilis at the site of entry of the causative organism. At first it is small and red; then it erodes into an ulcer which may be covered by a yellowish substance.

Child Welfare Act (1970 as amended) - a provincial act under which the welfare of children in Alberta is guarded.

Enigma - a phenomenon which is hard to understand or explain, or which is surrounded by an aura of mystery.

Epidemiology - the science dealing with the distribution of disease in population and with the factors which influence that distribution.

Free home - a foster home in which the foster parents have chosen to receive no monetary compensation from the department for the care of the ward.

Gonococcus - the causative organism of gonorrhea.

Guardian Social Allowance - an extension of the social allowance program designed to assist persons who are acting in the capacity of guardians and providing care to children placed in their home by parents who are unable or unwilling to provide for such care.

Household head - for census purposes, every household must have a head. This is the husband if both a husband and wife are present; the parent if a parent and unmarried children are living together, or any member of a group that is sharing a dwelling equally. A person occupying a dwelling alone is always reported as the head.

Independent placement - the situation when an older teenage ward is granted independent status by the Director of Child Welfare to live on his own.

Juvenile Delinquency Act (1929, as amended) - a federal act which establishes guidelines as to who delinquents are and how they are to be handled. It provides the authority for provincial governments to develop flexible program service.

Labor Force Survey - Statistics Canada operates a monthly sample survey of the Canadian population (sample size is approximately 30,000), covering labor force participation, employment and unemployment. From the results of this survey, monthly estimates of unemployment are published for regions within the country; the employment figures used within this review have been taken from this source.

Local - involving only a restricted part of the body.

Lymphadenitis - inflamation of one or more lymph glands.

Municipal caseload - a municipality is responsible for assisting an employable person who is in need and who is a resident of the municipality and

(1) was a resident of the municipality during the twelve months immediately preceding his applications, and

(2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.

The municipality is reimbursed 90% by the province for expenditures incurred.

Mucous membrane - a membrane rich in mucous glands which lines those body passages and cavities having direct or indirect communication with the exterior.

Non-ward (now called "custody by agreement") - is a child (under the age of 18) whose parents have entered into an agreement with the Director of Child Welfare for the temporary care of the child; the parents retain guardianship rights. Situations which result in custody by agreement usually involve circumstances such as illness of the parents, or the child, which make care of the child beyond the parents' capabilities.

Pathology - the study of the essential nature of diseases, and especially of the structural and functional changes produced by them.

Permanent ward - a child (under the age of 18) whose ties with his natural parents have been completely severed and whose sole custodian and guardian is the Director of Child Welfare. Permanent wardship expires at age 18; but until that time, such children are adoptable.

Placenta - the vascular organ which unites the fetus to the maternal uterus, and which facilitates the exchange of metabolic products.

Prostate gland - a gland in males which surrounds the neck of the bladder and the proximal (beginning) portion of the urethra.

Reasons for assistance - the social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories; for each application, the social worker is responsible for selecting the primary reason for assistance from this list. **Age (Persons 60 or over) -** A person may be considered eligible for assistance under this reason if over age 60. Prior to November 1971, women over age 55 were eligible for assistance on the basis of age.

Mother with Dependent Child(ren)/Father with Dependent Child(ren) - This reason is applicable to the single

parent family where the parent actually has custody of, or is personally caring for a dependent child.

Physical Ill Health - This reason is applicable to a person with a physical disability, impairment, or disease sufficient to prevent him from rendering services for wages which are adequate to meet his needs and those of his dependents, if any, for a period exceeding 90 days.

Mental Ill Health - This reason is applicable to a person with a mental incapacity, impairment, or disease sufficient to prevent him from rendering services for wages which are adequate to meet his needs and those of his dependents, if any, for a period exceeding 90 days.

Employed Insufficient Income - A person who is employed, but whose earnings are not sufficient to meet his basic needs and those of his dependents, if any. The assessment of insufficient income is made on the basis of benefit rates used in the social allowance program.

Unemployed Employable - This category includes persons who are capable of taking employment, but who are unemployed at the moment. It includes persons who are

- available for part-time or full-time employment.
- unemployed and seeking employment and whose employability may be under assessment.
- temporarily unavailable for work because of educational enrolment, pregnancy, or incarceration of less than 90 days.

Guardian Social Allowance - This is an extension of the social allowance program designed to assist persons who are acting in the capacity of guardians and providing care to children placed in their home by parents who are unable or unwilling to provide for such care.

Recipients - In contrast to the term "caseload", this term refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.

Seminal vesicles - a pair of small semen-containing sacs on either side of the prostate.

Serology - the science dealing with the reactions and properties of serum, which is that portion of blood remaining when cells and fibrin (clot) are removed.

Skenes glands - inconstantly present ducts that drain a group of the urethral glands into the vestibule.

Spirochete - a spiral-shaped bacterium.

Stricture - an abnormal narrowing of a bodily passage, canal or duct.

Systemic - generalized, or involving a group of body organs which together perform one or more vital functions.

Temporary ward - children (under the age of 18) who are in custody of the Director of Child Welfare for a temporary period. At the end of this specified period, the temporary wardship is reviewed by the court. Three possible outcomes of this review are:

a) the wardship may be allowed to lapse;

b) the wardship may be renewed for another specified period; or

c) the court may rule to request permanent wardship from a higher court.

Urethra - the canal which conveys urine from the bladder to the exterior of the body.